

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4903.M4

MDR Tracking Number: M4-04-2206-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10-15-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 01400-42-P4 and 01400-44-P3 rendered on 4-30-03 and 5-2-03.

II. FINDINGS

1. The requestor billed \$1206.00 for the disputed anesthesia service.
2. The respondent paid \$00.00 based upon "N – Anesthesia record has not been submitted although note from facility acknowledges it is required."
3. Total amount in dispute per TWCC-60 is \$648.00.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-30-03	01400-42-P4 (10 units)	\$670.00	\$0.00	N	RVU of 4 + 2 for P4 + 4 for time = 10 X \$40.00 for AA= \$400.00 X 90% = \$360.00	Anesthesia GR (I)(B)(1-4), (I)(C)(2)(a) Anesthesia GR (II)(B)(2-3)	Anesthesia report supports service billed per MFG. Reimbursement of \$360.00 is recommended.
5-2-03	01400-44-P3 (8units)	\$536.00	\$0.00	N	RVU of 4 + 1 for P3 + 4 for time = 9X \$40.00 for AA= \$360.00 X 80% = \$288.00	Anesthesia GR (I)(B)(1-4), (I)(C)(2)(a) Anesthesia GR (II)(B)(2-3)	Anesthesia report supports service billed per MFG. Reimbursement of \$288.00 is recommended.
TOTAL			-				The requestor is entitled to reimbursement of \$648.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (01400) in the amount of **\$648.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$648.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division